

TIPS for Screening Pregnant Women

Any substance use by a pregnant woman is a concern. Service providers (e.g., medical, behavioral health, social service or home visiting providers) who routinely work with pregnant women should be prepared to address substance use.

Most substance abuse screening instruments are designed to identify problematic use rather than just use; however, if a woman is pregnant, any substance use is problematic. Select a tool that has been developed and tested for use with pregnant women such as **the 4 Ps, 4Ps Plus, the 5 Ps, the ASSIST, T-Ace, the TWEAK**. A substance use screening should address alcohol, licit and illicit drugs, as well as tobacco use – all of which are all harmful to the unborn child. **Virginia's Behavioral Health Risk Screening Tool** combines the 5Ps, the Edinburgh 3 (EPDS-3) and questions regarding intimate partner violence.

Prenatal care providers may prefer the ASSIST. Although longer than other screens, the ASSIST satisfies the Code of Virginia §54.1-2403.1 requirement that prenatal care providers collect a medical history of substance use.

Before Screening

- Learn about [Virginia laws](#) that address substance use by pregnant women and how they may affect the services you provide.
- Learn about treatment resources available in your community so you are prepared to make a referral when the need arises.
- Find a screening tool you are comfortable with and will use consistently.

Create a Respectful Environment

Supportive inquiry about use of drugs or alcohol can open the door to referral and treatment. To elicit an honest response, a safe and respectful environment is essential.

- **Assume that all women desire to give birth to a healthy baby.** However, do not assume that all women know when they become pregnant or welcome the current pregnancy.
- **Be empathetic, nonjudgmental, and supportive when asking about use.** Consider the woman's needs and life situation. Women experience considerable shame and guilt about use during pregnancy and are often reluctant to acknowledge their use.
- **Observe and protect provider/client confidentiality.** Discuss substance use in a space that is private and doesn't allow interruptions.
- **Be aware of state and federal legislation that relate to perinatal use.** Know the issues surrounding consent for testing clients and newborns, state legislation regarding the reporting of suspected child abuse and neglect and the federal confidentiality regulations regarding substance abuse treatment.
- **Ask every question in a health context.** This lessens the stigma associated with the topic, and expresses concern for the health of the mother and baby.

How to Screen

- **Periodically and routinely ask ALL pregnant women about their use of ALL drugs** -include alcohol; tobacco; prescription and over-the-counter medications and illicit drugs (marijuana, cocaine, heroin, methamphetamines).
- **Combine interview format with written tools.** Many women are not honest when completing self-report questionnaires about their substance use.
- **Offer culturally appropriate screening in the woman's primary language.**

When Screening

- Before screening, **explain why it is important for you to know about her use of substances and other types of risky behaviors.** Acknowledge that while substance use is a common behavior, it is harmful during pregnancy.
- **Be honest and direct** regarding risks to her health and that of her unborn child.
- **Address mental health concerns and other risk factors** as part of screening.
- **Make eye contact** when asking questions.
- To be sure she understands, **use everyday language** and ask her to reflect back what she heard.
- **Remember: How you phrase your questions will influence the response you receive.**
 - **Don't ask:** "You don't use (drug) do you?"
 - **Instead ask questions like:** How often do you use (name of drug)? What is the least you might use? The most? How is your use different on the weekends?
- **Always use a positive, non- confrontational, non-judgmental approach;** avoid threats, preaching or casting blame. Use empathy – not power or intimidation. Focus on strengths – not weaknesses.
- **Respect a woman's autonomy and decisions.**
- **Avoid stereotyping and applying labels.**
- **Get her perspective** on the problem and possible solutions. **Ask what she knows regarding the effects of substance use on the baby** – then correct misinformation and fill in missing information. Check to be sure she accurately understands.
- **Engage each woman in your efforts to explore behaviors** or circumstances that pose potential risk to her health and that of her unborn child.
- **Explore whether others in her home use and will support her efforts to stop.**
- **Be available to talk or listen;** listen for clues; be ready to explore concerns as they arise.

When You Finish....

- **If you suspect a woman may have difficulty stopping her use on her own or has a substance abuse disorder refer her to a specialist for an assessment.**
- **Provide support and encouragement.** If she refuses a referral, don't attempt to pressure her; instead plan to use future opportunities to raise the issue again.
- Patterns of use may change during pregnancy; **repeat screenings periodically and as needed.**